

APE INFORMATION GUIDE

Revised 4.2022

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2022 ACGME Common Program Requirements State:

V.C.1. The program director must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation (APE) as part of the program's continuous improvement process. (Core)

V.C.1.a) The PEC must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. (Core)

V.C.1.b) PEC responsibilities must include:

V.C.1.b).(1) acting as an advisor to the program director, through program oversight; (Core)

V.C.1.b).(2) review of the program's self-determined goals and progress toward meeting them; (Core)

V.C.1.b).(3) guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)

V.C.1.b).(4) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)

V.C.1.c) The PEC should consider the following elements in its assessment of the program:

V.C.1.c).(1) curriculum; (Core)

V.C.1.c).(2) outcomes from prior APE(s); (Core)

V.C.1.c).(3) ACGME letters of notification, including citations, Areas for Improvement, and comments; (Core)

V.C.1.c).(4) quality and safety of patient care; (Core)

V.C.1.c).(5) aggregate resident and faculty:

V.C.1.c).(5).(a) well-being; (Core)

V.C.1.c).(5).(b) recruitment and retention; (Core)

V.C.1.c).(5).(c) workforce diversity; (Core)

V.C.1.c).(5).(d) engagement in quality improvement and patient safety; (Core)

V.C.1.c).(5).(e) scholarly activity; (Core)

V.C.1.c).(5).(f) ACGME Resident and Faculty Surveys; and, (Core)

V.C.1.c).(5).(g) written evaluations of the program. (Core)

V.C.1.c).(6) aggregate resident:

V.C.1.c).(6).(a) achievement of the Milestones; (Core)

V.C.1.c).(6).(b) in-training examinations (where applicable); (Core)

V.C.1.c).(6).(c) board pass and certification rates; and, (Core)

V.C.1.c).(6).(d) graduate performance. (Core)

V.C.1.c).(7) aggregate faculty:

V.C.1.c).(7).(a) evaluation; and, (Core)

V.C.1.c).(7).(b) professional development. (Core)

V.C.1.d) The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)

V.C.1.e) The annual review, including the action plan, must:

V.C.1.e).(1) be distributed to and discussed with the members of the teaching faculty and the residents; and, (Core)

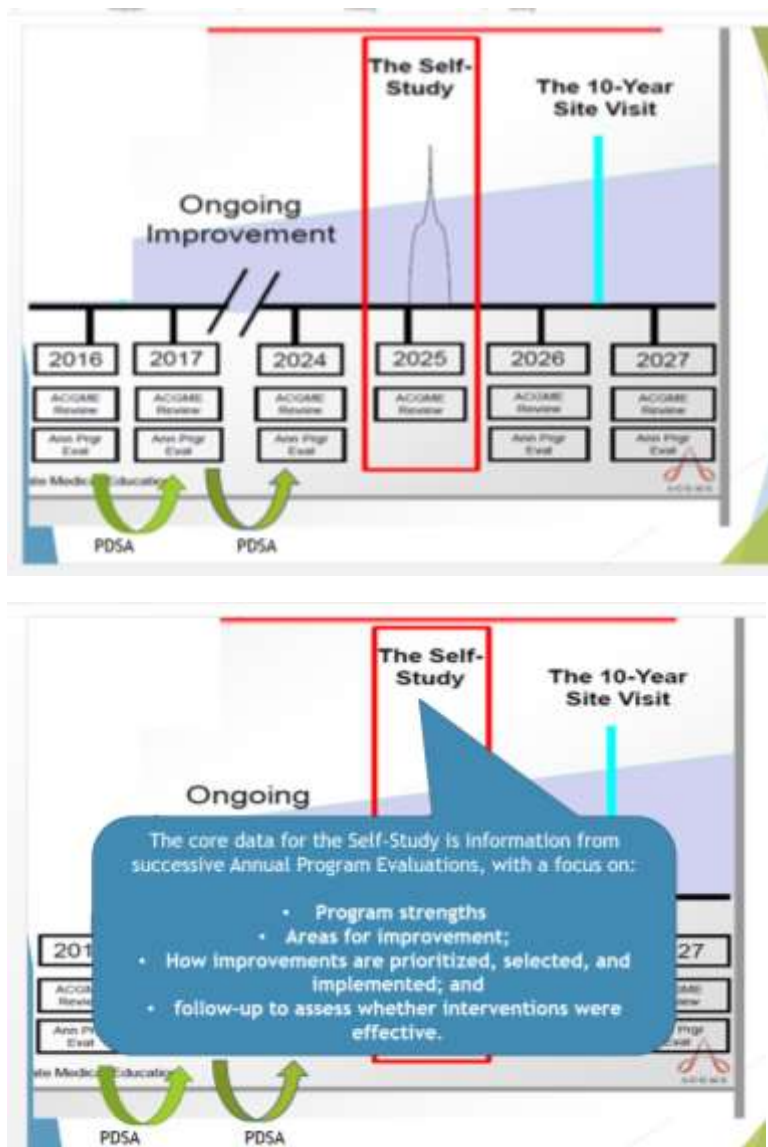
V.C.1.e).(2) be submitted to the DIO. (Core)

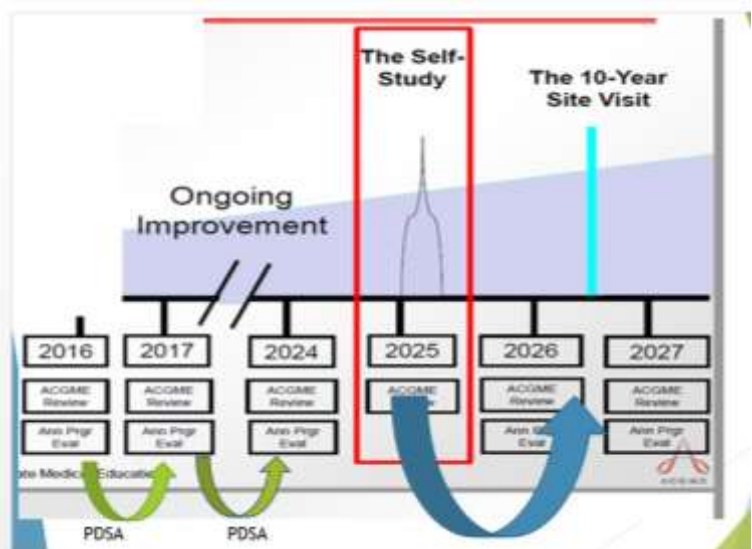
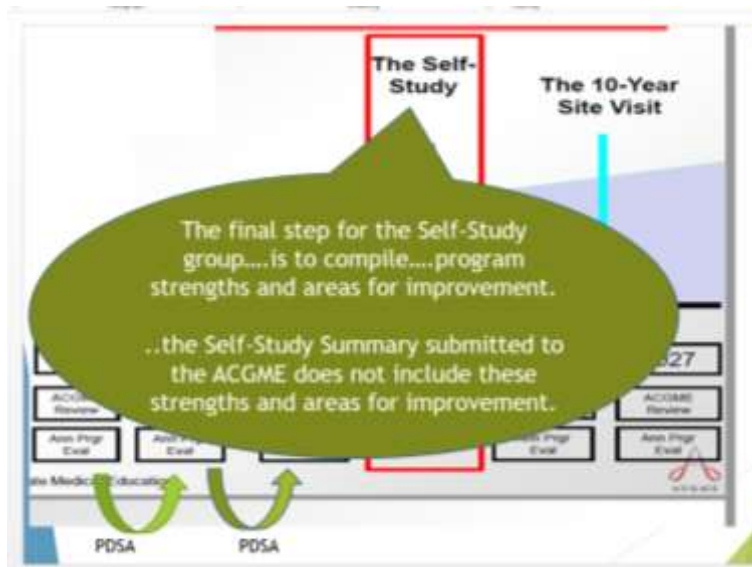
What is the Relationship Between the Annual Program Evaluation and 10-Year Self-Study?

Per the ACGME, the Self-Study is an objective, comprehensive evaluation of the residency or fellowship program, with the aim of improving it. Underlying the Self-Study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations (APEs) that focus on the required components, with an emphasis on program strengths and “self-identified” areas for improvement (as opposed to areas for improvement the Review Committee identifies during accreditation reviews).

Exploration of a program’s mission, aims and institutional, local or regional environment provide important dimensions for annual evaluations and self-studies. The focus on aims and the program’s environmental context is to enhance the relevance and usefulness of the program evaluation, and support improvement that goes beyond compliance with the requirements.

APEs form the Foundation for the Self-Study





To learn more about The Self-Study, visit:

- A. <https://www.acgme.org/What-We-Do/Accreditation/Self-Study>
- B. [Guralnik, et. al. The ACGME Self-Study – An Opportunity, Not a Burden, with Self-Study Supplemental Materials. JGME September 2015.](#)

PROGRAM AIMS

Aims are program and institutional leaders' views of key expectations for the program, as well as how the program differentiates itself from other programs in the same specialty/subspecialty. Aims may focus on the types of trainees recruited by the program, or on preparing graduates for particular careers (clinical practice, academics, research, or primary/generalist care). Aims may also include other objectives, such as care for underserved patients, health policy or advocacy, population health, or generating new knowledge.

Review this brief slide presentation on how to set and validate program aims: [The ACGME Program Self-Study: Developing Your Program Aims](#)

In setting aims, programs should generally take a longer-term strategic view. However, aims may change over time. Factors such as a shift in program focus initiated by institutional or department leadership, changes in local or national demand for a resident workforce with certain capabilities, or new opportunities to train residents and fellows in a different setting may prompt revision of program aims.

In the Annual Program Evaluation and in your Self-Study, you are asked to review your program's strengths, opportunities, threats and weaknesses as they relate to your programs mission and aims. As a result, as the PEC formulates the APE, each identified area for improvement or Action item should link in some way to your aims.

SWOT ANALYSIS

A SWOT analysis is a more familiar concept and will be a large part of the ten-year self-study. Programs are asked to conduct a SWOT analysis as part of the APE, especially as it relates to achievement of your program's aims.

Strengths

- It is important to acknowledge and celebrate positive aspects of the program.
- What should definitely be continued (important question in an environment of limited resources)?

Weaknesses

- Look for citations, areas for improvement, and other information from ACGME, or as identified in the Annual Program Evaluation and other program/institutional data sources.

Opportunities

- External attractive factors that will contribute to the program flourishing, if acted upon.
- What are capabilities for the future involving the program, and how can the program capitalize on them?
- Has there been a recent change in the program's context that creates an opportunity?
- Are these opportunities ongoing, or is there a narrow window for them? How critical is the timing?

Threats

- Are there external factors that affect the program and may place it at risk?
- While the program cannot fully control its threats, it's beneficial to have plans to mitigate their effect:
 - What are changes in residents' specialty choice, regulation, financing, or other factors that may affect the future success of the program?
 - Are there challenges or unfavorable trends in the immediate context that may affect the program?
 - i.e. clinical demands on faculty?

See Also: [ACGME - A Quick Guide to the SWOT Analysis](#)

APE GOALS AND ACTION ITEMS

Once your program has reviewed all your quality and performance information and performed a SWOT analysis, your PEC will develop one or more action items. *These should flow directly from your identified areas for improvement. As a general rule, if you have any citations or areas of concern from your annual RRC letter, correction of these should generate action items.*

Your program will be expected to implement and assess the impact of your action plan, so any action items should be SMART:

- **Specific** (what will happen and how)
- **Measurable** (what can you observe, count, measure to let you know if you have achieved your goal)
- **Achievable** (what are your available resources)
- **Relevant** (do they add value to your program, are they linked to your aims, etc)
- **Time-bound** (by when)

Implementing and assessing progress on your action plans will often involve one or more Plan-Do-Study-Act (PDSA) cycles. This will become even more important in the interval between your self-study and your site visit, when you will be expected to conduct a full PDSA cycle on your self-study goals. It is common to focus on the Plan and Do parts of any action plan or intervention, and forget about the Study and Act parts.

PDSA: UNDERSTANDING THE IMPORTANCE OF THE “STUDY” AND “ACT” PHASES OF THE CYCLE

(from Program Improvement, The Self-Study and Bit on Institutional Oversight, Ingrid Philibert, May 2018)

The “Study” phase:

- Evaluation of the intervention, comparison to a hypothesis, or less formal set of expectations
- Exploring successes, failures, surprises, and unintended consequences (good and bad)
- Assessing intervention effectiveness is critical, but frequently is not done

The “Act” phase:

- Decisions about the intervention
- Options include 1) adopting the change, 2) adapting the change to address minor deficits, or 3) abandoning the intervention in favor of a better approach
- Options need to be considered in an evidence-based way, using data collected during the cycle

Also see Appendix D - The PDSA Tool

Appendix A: APE MEETING INSTRUCTIONS

BEFORE THE APE MEETING

1. Review this APE Information Guide
2. Collect the data, materials, and information to be reviewed
3. Ensure all committee members are clear on the PEC context and responsibilities.

DURING THE APE MEETING(s)

1. Review the action plan (s) and outcomes thereof from the prior year.
2. Any goals that have been met should be noted as resolved.
3. Any unresolved issues from the prior year's action plan should be updated and continued in the current year's action plan.
4. SWOT analysis and review of program mission and Aims.
5. Data Review.
6. Develop Action Plan. (Please remember that the whole point of developing an action plan is to keep the program moving forward with identifiable steps to improve the quality of the program. Each goal or action step should be as specific as possible, should have some outcome that you can track and measure, and some target date for assessment.)
Goals should be SMART: Specific, Measured, Achievable, Relevant, and Timebound.

AFTER THE APE MEETING (s)

1. Document the process and outcomes of the meeting(s) for the GMEC APE Review Subcommittee, faculty and resident review and posterity.
2. Record your Action plan in the APE Action SMART Goal Spreadsheet. Make sure every field is completed.
3. After your Action Plan SMART Goals have been distributed to and discussed with faculty and residents, fill out the NI APE section and submit for review by the GMEC APE Review Subcommittee. You must upload the APE Action Plan SMART Goal Spreadsheet into NI.
4. You are strongly encouraged to upload any other materials associated with the review, including the APE Review meeting template, meeting minutes (or a synopsis if your review covered multiple meetings) , documents reviewed, etc. for ease of retrieval when you prepare for your self-study, and to aid the GMEC APE Review Subcommittee members as they review your program's APE as required by the ACGME Institutional Requirements.

Appendix B: PROGRAM AIMS TOOL

- 1. What kind of graduates do we produce for what kinds of practice settings and roles?**
- 2. Are we producing graduates that match our patient and healthcare system needs?**
- 3. What differentiates us?**

Trigger questions:

Who are we training?

- Where do our residents/fellows come from?
- What cultures/communities are represented?
- Why do they choose this program? What are they seeking from this program vs others?
- Do they have/obtain additional education? (MPH, MBA, PhD)

What do our trainees do when they graduate?

- General practice
- Fellowship
- Subspecialty practice
- Academic setting
- Private practice
- Community Health Center
- Global Health
- Research
 - Basic
 - Clinical
 - Translational
- Additional educational programs (MPH, MBA, PhD, other)
- Other

What patient populations do we serve?

- Urban/suburban/rural
- Cultures (race, ethnicity, religion, immigrant-legal/illegal...)
- Hospital-based vs community-based practices
- Insured/uninsured/types of insurance
- Patient access to health care (private car, public transportation, other)
- How do we engage the community?
- Have we performed community needs assessments?

Adapted from Guralinck S, Hernandez T, Corapi M, Yedowitz-Freeman J, Klek S, Rodriguez J, et al. The ACGME Self-Study—An Opportunity, Not a Burden. *J Grad Med Educ.* 2015;7(3):502-505.)



Completing the Plan-Do-Study-Act Cycle

Use this simple Plan-Do-Study-Act (PDSA) tool to plan and document the effect of changes implemented in areas for improvement identified during the Annual Program Evaluation, the Self-Study, or other improvement efforts.

Answer the first two questions below for your improvement intervention. As you assess the effect of the intervention, answer Question 3, and plan, conduct, and document the elements of the PDSA cycle. Remember that in many areas, improvement may require the completion of multiple PDSA cycles to achieve the desired outcome. In that case, use as many forms as you need to track your improvement.

Three questions to identify the improvement intervention

1. What are we trying to accomplish? *Be specific about the aspect of the program you will improve.*

2. How will we know that the change implemented will result in improvement? *Describe the measurable outcome(s) you expect to see.*

3. What specific changes will we make that will result in improvement? *Describe the current process(es) and the new process(es), and discuss how the changes will result in improvement.*

Answer these suggested questions for each phase of the PDSA cycle.

Plan

Who will be involved in this PDSA? (*Involve those who will be affected by the change: e.g., specific members of program leadership, residents, faculty, the coordinator, others*)

What change is being tested with the PDSA cycle(s)? What do you predict will happen and why?

Plan a small test of change.

How long will this change take to implement? What resources will be needed?

What data will be collected?

List the action steps and the individuals responsible and a timeline.

Do

Carry out the test of change on a small scale.

Document observations, including problems and unexpected findings.

Collect data you identified as needed during the “Plan” stage. Describe what actually happened when you ran the test.

Study

Study and analyze the data.

Determine if the change resulted in the expected outcome. Were there implementation lessons?

Summarize what was learned. Look for: successes, failures, surprises, and unintended consequences (both good and bad).

Describe the results based on the data you collected, and how they compare to your aims and predictions.

Act

Based on what was learned from the test of change: Adapt—modify the changes and repeat PDSA cycle.

Adopt—consider expanding the changes to other areas, such as rotations, units, etc.

Abandon—change your approach and repeat the PDSA cycle.

Describe what modifications to the plan will be made for the next cycle based on what you learned.

Adapted from a Centers for Medicare and Medicaid Quality Assessment Program Improvement Tool.